The RCH-II Programme had adopted an approach in which fertility reduction goes hand in hand with reduction in Maternal and Child Mortality. The current fertility trend of 2.7 children per woman in India in NFHS-III is faster than replacement rate of 2.1 children per women.

The following steps have been taken by the Government to check population control:-

(i) National Family Planning Insurance Scheme has been started since Nov, 2005 to provide insurance cover to the sterilization acceptors for failures, complications and death and also indemnity insurance cover to doctors/health facilities;

(ii) The revision of comprehensive package in Sep. 2007 to compensate for loss of wages and also to provide compensation to providers of services. It also provides for partnerships with non-governmental sector;

(iii) Specific action points/strategies have been incorporated in the States Projects Implementation Plans (PIPs) under National Rural Health Mission (NRHM) every year to address the up-gradation of Family Planning Services and increase the number of providers;

(iv) Promoting acceptance of no Scalpel Vasectomy to ensure male participation;

(v) Promoting IUD 380 A intensively as a spacing method because of its longevity of 10 years and advantages of other IUDs;

(vi) Fixed day Fixed Place Family Planning Services round the year made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NHFIM.

In addition, the Government has a dedicated programme to undertake research for development and evaluation of contraceptive technologies for both males and females. During the last three decades, Government has evaluated different types of Intrauterine devices, Oral Contraceptives, injectable and implantable contraceptives for their efficacy and acceptability. In order to help couples with a backup method to prevent unwanted pregnancy, the emergency contraceptives have been introduced which are very useful method for preventing unplanned and unintended pregnancies.

Caesarian child births

57. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether caesarian operations have increased to earn extra money, even when it is not medically warranted;

(b) what are their statistics and what is the percentage of caesarian child births in Government/private hospitals;

(c) what steps Government intend to take to curb this unethical racket; and

(d) how does India compared with other countries, regarding caesarian child birth scenario?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) In so far as three Central Government Hospitals in Delhi, namely Dr. Ram Manohar Lohia, Safdarjung Hospital and Lady Hardinge Medical College & its associated hospitals are concerned, caesarian operations are performed when needed and medically warranted in the interest of patients and these operations are performed free of cost.

The comparative statement of caesarian child birth in Government Hospitals/ Private Hospitals as well as other countries regarding caesarian child birth scenario, is not maintained centrally. However, the statistics and the percentage of caesarian child births in above three Government Hospitals are given in the Statement.

Statement

Percentage of caesarian child births in Government hospitals

Name of the Hospital	Year	Total no. of deliveries	Total no. of Caesarian operations performed	%age of Caesarian child births
Safdarjung Hospital	2008	26101	3103	11.9%
Dr. Ram Manohar Lohia Hospital	2008	589	277	47%
Lady Hardinge Medical College	2008	14387	2679	18.62%

Phasing out of branded drugs

58. SHRI VIJAY JAWAHARLAL DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the therapeutic and quality difference in pharmacopeial medicines and the same sold as branded medicines;

(b) whether Government grants permission of medicines on therapeutic rationality of the active pharmaceutical ingredients or for the therapeutic rationality of the branded medicines;

(c) the steps taken by Government till date to enforce the recommendations of the Hathi Committee to phase out branded drugs in the public interest; and

(d) the reaction of Government in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) There is no therapeutic and quality difference between pharmacopeial medicines and the same sold as branded medicines as both are required to conform to the standards specified in the concerned pharmacopeia.

(b) The permission is granted for manufacture and or/import of new drug as raw material (bulk